

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2003 8:00 am
Secretary of State

5/17

05-01-2003 90996 040 ****61.25

DOCUMENT # 729011



1. Entity Name
QUAIL HOLLOW ON THE OCEAN, SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**6300 A1A SOUTH
ST AUGUSTINE FL 32080**

Mailing Address
**6300 A1A SOUTH
ST AUGUSTINE FL 32080
US**

44002779



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1606730**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A1A MANAGEMENT SERVICES
201 ESCAMBIA ST
ST AUGUSTINE FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OLIVER, JANET
6300 A1A SOUTH A31D
ST AUGUSTINE FL 32080** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS, SAMUEL DEE
6300 A1A South A7-2D
ST AUGUSTINE FL 32080** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMPSON, JAKE
6300 A1A SOUTH A9-20
ST AUGUSTINE FL 32080** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S D
REEVES, FAYE
ROUTE 3 BOX 72
ADEL GA 31620** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, SAMUEL DEE
6300 A1A SOUTH A5-30
ST AUGUSTINE FL 32080** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PACZOWSKI, DANIEL
6300 A1A SOUTH A7-3D
ST AUGUSTINE FL 32080** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**I
HENDRICKS, WILLIAM
6300 A1A SOUTH A3-3D
ST AUGUSTINE FL 32080** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T D
DELIO, ANGELO
42 SILVER LANE
HYANNIS, MA 02601** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REEVES, FAYE
ROUTE 3 BOX 72
ADEL GA 31620** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Silvia V. Reeves

4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)